



**ADDENDUM #3 TO THE FOLLOWING:
 INVITATION TO NEGOTIATE # 011
 COMMUNITY ACTION TREATMENT TEAM FOR MONROE COUNTY**

**Date: July 9, 2018
 Time: By 4:00 P.M. [E.S.T.]**

1. Pages 46 - 48, Section VII – Evaluation and Recommendation Form, is hereby amended to read:

Applicant's Name: _____

Evaluator's Name (Print): _____ Evaluator's Signature: _____ Date: _____

SFBHN uses a non-numerical scoring system in the evaluation of applications submitted during procurement process. In bids, such as this ITN #011, where a non-numerical scoring system is chosen evaluators are instructed to rank the bidders on each of the questions listed in the ITN with a "High, "Medium", or "Low" rank. Each Evaluator will recommend applications for funding by answering "Yes" or "No" on the evaluation sheets for each applicant. The recommendations will be based on the merits of each application. Evaluators are expected to provide comments that identify the application's strengths and challenges/weaknesses for each of the questions, the likelihood of success of the project, and whether the project presents the best value to the community. If deemed necessary by the evaluators, evaluators will provide questions that the SFBHN staff can ask the applicant in order to better understand key elements of the proposed project.

Reviewers may recommend more than one application for funding. The recommendations will be based on the merits of each application.

Evaluation Criteria	Ranking High, Medium, Low	Comments/Notes
1. Did the applicant provide the main office address in Monroe County where the Team will be housed? If the applicant currently does not have a secured office space, did the applicant submit a letter of commitment from a landlord indicating that a space will be leased contingent upon an award?		

<p>2. Did the applicant describe the agency's current infrastructure and internal controls to demonstrate its ability acquire and manage a newly created program such as a CAT Team?</p>		
<p>3. Did the applicant effectively describe its experience in providing team approach services and describe how services are coordinated within the agency from intake to discharge?</p>		
<p>4. Did the applicant effectively describe its experience with care coordination and experience working with other provider of services? Did the applicant identify the community partners that the agency will work with in support of this project and their role/function?</p>		
<p>5. Did the applicant identify the required staffing levels required by this bid? Is the applicant requesting a different staffing level, did the applicant provide community- based data to justify the composition of its proposed team? Explain.</p>		
<p>6. Did the applicant describe how it would address availability of the Team during normal business hours? Does it meet the intent of the CAT Team program?</p>		
<p>7. Did the applicant describe the support and professional development activities that will be made available to direct care staff to include at a minimum trauma informed training?</p>		
<p>8. Did the applicant describe how they will ensure that the Initial Care Plan and the Master Care</p>		

<p>Plan objectives for the individuals and families served will be met?</p>		
<p>9. Did the applicant describe its current or anticipated CQI process that will demonstrate whether it is achieving the project's objectives?</p> <p>Did the applicant address and fully describe the process the agency will follow to ensure that the prescribed performance measures are being met, properly recorded and reported to SFBHN monthly in the Monthly Reporting Template and in the Monthly Persons Served Performance Measure Report?</p>		
<p>10. Did the applicant address how it will ensure that the Team will have access to technology and any infrastructure supports necessary to coordinate care for the individuals the Team will serve? Is it adequate for the program, the staff for the individuals the Team will serve?</p>		
<p>11. Did the applicant effectively demonstrate knowledge of the project?</p>		
<p>12. Did the applicant provide a reasonable and achievable timeline for the implementation of the service identifying key activities, milestones, deliverables and responsible staff?</p>		
<p>13. Did the applicant demonstrate the ability to implement the full provision of services by the target date of October 1, 2018?</p>		

Reviewer's Overall Comments

DO YOU RECOMMEND THIS APPLICANT FOR FUNDING: YES / NO (Circle One)

If you do not recommend this applicant for funding, please state the reason(s) why?

Reviewer's Name (Print)

Reviewer's Signature

Date: _____